



# Cambridge Youth Programs Teen Program Application Form

## Youth Information

(Please Print Clearly)

_____	_____	_____	_____
Last Name	First Name	Date of Birth	Age
_____	_____	_____	_____
Home Address	City, State, Zip Code	Home Telephone Number	
_____	_____	_____	
@	.	_____	
E-mail Address		Cell Phone Number	

Racial/Ethnic Background:

☐ American Indian   ☐ Asian   ☐ Black   ☐ Hispanic/Latino   ☐ White   ☐ Other: \_\_\_\_\_

Gender:   ☐ Male   ☐ Female   Primary Language Spoken at Home: \_\_\_\_\_

## Teen Program Dates

Monday, September 8, 2008 – Friday, August 21, 2009

**The registration fee for the Teen Program is \$10.00 for the year.  
Please make check or money order payable to "Cambridge Youth Programs."**

## Parent/Guardian Information

_____	_____
Mother/Guardian Name	Father/Guardian Name
_____	_____
Home Address	Home Address
_____	_____
Home Telephone Number	Home Telephone Number
_____	_____
Cell Phone Number	Cell Phone Number
_____	_____
E-Mail Address	E-Mail Address
_____	_____
Place of Employment	Place of Employment
_____	_____
Work Telephone #	Work Telephone #

## School Information

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

## Youth Center Information (please check the Youth Center(s) you will *primarily* attend)

- ☐ Area IV Youth Center, 243 Harvard Street  
☐ Frisoli Youth Center, 61 Willow Street  
☐ Gately Youth Center, 70R Rindge Avenue (Rear)  
☐ West Cambridge Youth Center, 110 Cushing Street  
☐ Willis D. Moore Youth Center, 12 Gilmore Street

**(application continues on other side)**

**To be completed by a parent/guardian**

*In order for us to best serve your child, we are requesting your authorization to gather additional information regarding your child's specific needs. This information is essential for us to offer the best experience to your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child.*

**IEP Release**

(Please sign this section if your child has an IEP)

I hereby authorize the Cambridge Public Schools to release any student record (such as an IEP) to the DHSP Afterschool Program staff. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I authorize Cambridge Youth Programs staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

**Youth's Doctor or Source of Health Care:**

\_\_\_\_\_  
Name and Address

\_\_\_\_\_  
phone: \_\_\_\_\_

**Youth's Allergies:** \_\_\_\_\_

**Chronic Health Conditions:** \_\_\_\_\_

**Health Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Emergency Contacts (in order to be contacted if guardians are unable to be reached):**

1. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person? \_\_\_\_\_ yes \_\_\_\_\_ no

2. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person? \_\_\_\_\_ yes \_\_\_\_\_ no

3. Name: \_\_\_\_\_ address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ phone: \_\_\_\_\_

Do you give permission for your child to be released to this person? \_\_\_\_\_ yes \_\_\_\_\_ no

**Media Release**

I \_\_\_\_\_ do \_\_\_\_\_ do not give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

I hereby give my child permission to participate in all Youth Center programs, activities and trips. I understand that the activities will include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Note: If the youth is eighteen years old or older, he/she may complete and sign his/her own registration form.